



JOHN EMMERSON BATTY PRIMARY SCHOOL



**JOHN EMMERSON BATTY PRIMARY SCHOOL
CHILD PROTECTION
POLICY**

REPORTING CHILD ABUSE

EVERY CHILD MATTERS

Designated Lead for Safeguarding - Mr Martin Kitchen
Deputy Designated Lead for Safeguarding - Mrs Julie Norris
Governor responsible for Safeguarding - Mr Robert Stanway

Head Teacher: Mr. Martin Kitchen

Signed: *M. Kitchen*

Chair of Governors Mrs Sue Fall

Signed: *S Fall*

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CONTENTS:

- 1.0 RELEVANT DOCUMENTATION**
- 2.0 THE SCOPE**
- 3.0 INTRODUCTION**
- 4.0 TYPES OF ABUSE AND NEGLECT**
- 5.0 SIGNS OF ABUSE AND NEGLECT**
- 6.0 CHILDREN WITH SEND**
- 7.0 STAFF RESPONSIBILITIES**
 - 7.1 HEAD TEACHER RESONSIBILITIES**
 - 7.2 DESIGNATED SAFEGUARDING LEAD RESPONSIBILITIES**
 - 7.3 STAFF RESPONSIBILITIES**
 - 7.4 ALLEGATIONS AGAINST STAFF**
 - 7.5 VOLUNTEER**
- 8.0 WHISTLEBLOWING**
- 9.0 STAFF TRAINING**
- 10.0 VIRTUAL HEAD**
- 11.0 RECORD KEEPING**
- 12.0 THRESHOLD CRITERIA- CONTINUUM OF NEEDS**
 - 12.1 CHILD IN IMMEDIATE DANGER OR RISK OF HARM**
 - 12.2 CONCERNS ABOUT A CHILD**
 - 12.3 Early Help**
 - 12.4 CHILD IN NEED AND CHILD PROTECTION**



JOHN EMMERSON BATTY PRIMARY SCHOOL



- 13.0 HOW TO MAKE REFERRALS**
- 14.0 FEMALE GENITAL MUTILATION (FGM)**
- 15.0 SEXUAL EXPLOITATION**
- 16.0 SEXTING IN SCHOOL**
- 17.0 MANAGING PEER ON PEER ALLEGATIONS**
- 18.0 SO CALLED HONOUR-BASED VIOLENCE (HBV)**
- 19.0 FORCED MARRIAGE**
- 20.0 PREVENTING CHILDREN FROM THE RISK OF RADICALISATION (PREVENT DUTY)**
- 21.0 SPECIFIC SAFEGUARDING ISSUES**
- 22.0 CONFIDENTIALITY**
- 23.0 PROFESSIONAL CHALLENGE**
- 24.0 MINIMISING RISKS TO CHILDREN / STAFF CODES OF CONDUCT**
- 25.0 MONITORING AND REVIEW**

Appendix A – INCIDENT LOG PROFORMA

Appendix B - ACTIONS TO BE TAKEN WHERE THERE ARE CONCERNS ABOUT A CHILD (Flow Chart)

Appendix C – THRESHOLD CRITERIA

Appendix D – REFERRAL FORMS



1.0 RELEVANT DOCUMENTATION

When reading this document, please be aware of the following related documents which work alongside this Child Protection Policy:

1. Tees Local Safeguarding Children Procedures accessed at www.teescpp.org.uk
2. *HM Government (September 2016) - Keeping children safe in education Statutory guidance for schools and colleges*
3. *HM Government (March 2015) 'Working together to safeguard children'*
4. *HM Government (2015) 'What to do if you're worried a child is being abused'*
5. *HM Government (2015) 'Information Sharing'*
6. *HM Government (2015) 'Disqualification under the Childcare Act 2006'*
7. *The Counter Terrorism and Security Act 2015*
8. Procedure for Managing Allegations against Staff, Carers and Volunteers – South Tees LSCB
9. The Children Act 2004 (Every Child Matters)
10. The Sexual Offences Act 2003
11. Section 175 Education Act 2002
12. Safeguarding Children in Education (DFES 2004)
13. Data Protection Act 1998
14. Behaviour and Anti-bullying policy
15. Single Equality Policy
16. Staff Disciplinary Policy
17. Staff Recruitment Policy
18. Whistle Blowing Policy
19. Premises Policy
20. Health and Safety Policy
21. Educational Visits Policy
22. Confidentiality Policy
23. E Safety Policy
24. Security and Visitors Policy

2.0 SCOPE

This document is John Emmerson Batty's policy on Child Protection and is in line with procedures set out by the South Tees Local Safeguarding Children's Board (LSCB). This policy applies to all adults and volunteers working on the school site.

3.0 INTRODUCTION

John E. Batty Primary School fully recognises its responsibilities for child protection.

The school's main aim is to provide a safe, secure and stable base for children and help to protect them from harm. The welfare of the child is of paramount importance to all the adults who work in our school. To achieve this aim John E. Batty Primary School will:

- Ensure safer recruitment and vetting practises are followed, therefore checking the suitability of staff and volunteers who wish to work with our children.
- Assign a Designated Lead for Safeguarding and a Designated Teacher for looked after children.
- Raise awareness of safeguarding / child protection issues to staff, parents and children.
- Provide an environment where children feel safe, are encouraged to talk and are listened to.
- Help equip children with skills needed to keep themselves safe,
- Develop, implement and review policy and procedures in relation to child protection.



JOHN EMMERSON BATTY PRIMARY SCHOOL



- Train and raise awareness of all staff, defining their role and responsibilities in reporting possible cases of abuse using the content of 'Keeping Children Safe in Education' document as a basis for the minimum requirement.
- Ensure there is effective communication between staff on child protection matters.
- To identify children who are suffering or likely to suffer significant harm.
- Provide a curriculum and ethos which aims to prevent children from being drawn into radicalised, extreme behaviour or acts of terrorism. Here the school will work as a partner to the Channel panel set up by the LA.
- Report cases or suspected cases of abuse to Social Care and/or the police.
- Work in partnership with parent/carer and other professionals to provide co-ordinated support and help protect children who have a protection plans, allow access to school for children's social care from Local Authorities to conduct section 17 or section 47 assessments.
- Establish a safe environment in which children can learn and develop.

In our school we respect our children. The atmosphere is one that encourages all children to do their best. We provide opportunities that enable our children to take and make decisions for themselves. The school ethos promotes a positive, supportive and secure environment and gives children a sense of being valued.

Our teaching of personal, social and health education citizenship, helps to develop appropriate attitudes in our children, and makes them aware of the impact of their decisions on others. We also teach them how to recognise different risks in different situations, and how to behave in response to them (e.g. 'stranger danger' and 'internet safety').

We recognise that abuse and neglect can result in underachievement. We strive to ensure that all our children make good educational progress.

4.0 TYPES OF ABUSE AND NEGLECT

Abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.

- **Abuse:** a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults or by another child or children.
- **Physical abuse:** a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.
- **Emotional abuse:** the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.
- **Sexual abuse:** involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production

of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

- **Neglect:** the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, 11 clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. Specific safeguarding issues

5.0 SIGNS OF ABUSE and NEGLECT

Abuse and neglect are forms of maltreatment – a person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm.

Child welfare concerns may arise in many different contexts, and can vary greatly in terms of their nature and seriousness. Children may be abused in a family or in an institutional or community setting, by those known to them or by a stranger, including, via the internet. In the case of female genital mutilation, children may be taken out of the country to be abused. They may be abused by an adult or adults, or another child or children. An abused child will often experience more than one type of abuse, as well as other difficulties in their lives. Abuse and neglect can happen over a period of time, but can also be a one-off event. Child abuse and neglect can have major long-term impacts on all aspects of a child's health, development and well-being.

The warning signs and symptoms of child abuse and neglect can vary from child to child. Disabled children may be especially vulnerable to abuse, including because they may have an impaired capacity to resist or avoid abuse. They may have speech, language and communication needs which may make it difficult to tell others what is happening. Children also develop and mature at different rates so what appears to be worrying for a younger child might be normal behaviour for an older child. Parental behaviours may also indicate child abuse or neglect, so you should also be alert to parent-child interactions which are concerning and other parental behaviours. This could include parents who are under the influence of drugs or alcohol or if there is a sudden change in their mental health. By understanding the warning signs, you can respond to problems as early as possible and provide the right support and services for the child and their family. It is important to recognise that a warning sign doesn't automatically mean a child is being abused. 8. There are a number of warning indicators which might suggest that a child may be being abused or neglected.

Some of the following signs might be indicators of **abuse or neglect**:

- Children whose behaviour changes – they may become aggressive, challenging, disruptive, withdrawn or clingy, or they might have difficulty sleeping or start wetting the bed;
- Children with clothes which are ill-fitting and/or dirty;
- Children with consistently poor hygiene;
- Children who make strong efforts to avoid specific family members or friends, without an obvious reason;
- Children who don't want to change clothes in front of others or participate in physical activities;
- Children who are having problems at school, for example, a sudden lack of concentration and learning or they appear to be tired and hungry;
- Children who talk about being left home alone, with inappropriate carers or with strangers;
- Children who reach developmental milestones, such as learning to speak or walk, late, with no medical reason;
- Children who are regularly missing from school or education;
- Children who are reluctant to go home after school;



JOHN EMMERSON BATTY PRIMARY SCHOOL



- Children with poor school attendance and punctuality, or who are consistently late being picked up;
- Parents who are dismissive and non-responsive to practitioners' concerns;
- Parents who collect their children from school when drunk, or under the influence of drugs;
- Children who drink alcohol regularly from an early age;
- Children who are concerned for younger siblings without explaining why;
- Children who talk about running away; and
- Children who shy away from being touched or flinch at sudden movements.

Some of the following signs might be indicators of **Physical abuse**

- Children with frequent injuries;
- Children with unexplained or unusual fractures or broken bones; and
- Children with unexplained: bruises or cuts; burns or scalds; or bite marks.

Some of the following signs might be indicators of **emotional abuse**

- Children who are excessively withdrawn, fearful, or anxious about doing something wrong;
- Parents or carers who withdraw their attention from their child, giving the child the 'cold shoulder';
- Parents or carers blaming their problems on their child; and
- Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons.

Some of the following signs might be indicators of **sexual abuse**

- Children who display knowledge or interest in sexual acts inappropriate to their age;
- Children who use sexual language or have sexual knowledge that you wouldn't expect them to have;
- Children who ask others to behave sexually or play sexual games; and
- Children with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections or underage pregnancy

Some of the following signs might be indicators of **sexual exploitation**

- going missing for periods of time or regularly returning home late
- skipping school or being disruptive in class
- appearing with unexplained gifts or possessions that can't be accounted for
- experiencing health problems that may indicate a sexually transmitted infection
- having mood swings and changes in temperament
- using drugs and/or alcohol
- displaying inappropriate sexualised behaviour, such as over-familiarity with strangers, dressing in a sexualised manner or sending sexualised images by mobile phone ("sexting")
- they may also show signs of unexplained physical harm, such as bruising and cigarette burns.

Some of the following signs might be indicators of **neglect**

- Children who are living in a home that is indisputably dirty or unsafe;
- Children who are left hungry or dirty;
- Children who are left without adequate clothing, e.g. not having a winter coat;
- Children who are living in dangerous conditions, i.e. around drugs, alcohol or violence;
- Children who are often angry, aggressive or self-harm;
- Children who fail to receive basic health care ; and
- Parents who fail to seek medical treatment when their children are ill or are injured.



6.0 CHILDREN with SEND

Children with SEND are more likely to be abused or neglected than children without SEND. For this reason the Designated Lead for Safeguarding and staff should give special consideration to the needs of these children and actively evaluate the risks and controls required to keep these children safe.

7.0 STAFF RESPONSIBILITIES ARE:

7.1 **Head Teacher** to ensure that:

- The Governing Body receives yearly awareness raising in respect of their roles and responsibilities in regard to Child Protection / Safeguarding.
- The Governing Body adopts appropriate policies and procedures to safeguard children in school.
- That policies and procedures are implemented by staff.
- Parents / carers are made aware each autumn term of the safeguarding policies that are in place and who is the Designated Lead for Safeguarding.
- Sufficient resources and time are allocated to carry out Safeguarding Children / Child Protection effectively.
- There is a Designated Lead for Safeguarding for the school who has received appropriate training for this important role.
- All staff and adults working in school understand their safeguarding children responsibilities and are able to voice their concern if they feel a child is vulnerable or at risk.
- Staff are aware of the 'whistle blowing' protocol and understand they must voice their concern of any individual working practices that are deemed unsafe and unprofessional.
- John E. Batty Primary School develops effective working partnerships with relevant agencies and cooperates as required in regard to safeguarding children matters, including attendance at child protection conferences and other related meetings.
- School provides appropriate reports for child protection meetings.
- All information and records are kept confidentially and securely.
- Recruitment and vetting procedures are followed in all appointments of staff including those working in school in a voluntary / unpaid capacity.
- In conjunction with senior teachers, that assessments are made and acted upon in relation to the likelihood that individual children are being drawn to extreme, radical behaviour or beliefs.
- Site security is in place with all visitors required to identify themselves, then sign in and sign out when leaving the school.

7.2 **Designated Lead for Safeguarding** has responsibility for coordinating action within the school and liaising with Social Care and other agencies in respect of suspected child abuse.

- **The Designated Lead for Safeguarding is Martin Kitchen**

The main responsibilities for the Designated Lead for Safeguarding are:

- To adhere to and follow procedures outlined in the South Tees Local Safeguarding Children Board Procedures.
- To help identify signs and symptoms of abuse.
- To refer suspected cases of abuse to Social Care / Police



JOHN EMMERSON BATTY PRIMARY SCHOOL



- To ensure all staff receives child protection awareness raising training to help them recognise and identify signs of abuse. (annually)
- To raise awareness of child safety issues within school.
- To ensure that the school has an up-to-date child protection policy which is consistent with the LSCB procedures. The policy should be reviewed annually.
- To attend and represent the school at child protection meetings.
- To be responsible for securely managing child protection files, compiling reports, recording and sharing information appropriately.
- Review and monitor schools list of vulnerable students regularly including those in receipt of Early Help.
- To ensure that all information and records are kept confidentially and securely.
- To develop good working relationships / links with Social Care, the Child Protection Officer for Education and other relevant professionals.
- To raise awareness of their role with staff, parents and children.
- To be available for staff for consultation purposes.

THE DESIGNATED LEAD (Or DEPUTY DESIGNATED LEAD) should always be available (during school opening hours for staff in school to discuss any safeguarding concerns. Whilst generally speaking the designated lead or deputy would be expected to be available in person, it is recognised that on rare occasions this may not be in person, but via a direct telephone call to the designated lead. When a designated lead is not available in person, they must be contactable at all times during the school opening hours (including Out of School Club Hours). The designated lead must make all staff aware that they must not hesitate to contact them if they have a safeguarding concern during school opening hours.

7.3 School Staff (teaching, non teaching, students and volunteers) have a responsibility to report any concerns they have about a child's safety to the Designated Lead for Safeguarding.

If a staff member suspects a child may be a victim of abuse or neglect they are advised to do the following:

- If a child discloses information that suggests possible abuse has taken place staff should:
 - Listen to the child.
 - Never coach or lead the child.
 - Do not investigate or over question the child.
 - Reassure the child they were right to talk.
 - Inform the Designated Lead for Safeguarding ASAP.
 - Record events (e.g. what the child has said, word for word) – This should be generally through the use of the CPOMS system although where this is not possible the incident Log proforma in Appendix A should be used and this then uploaded to CPOMS.
 - If not using CPOMS the incident log must record the date, time and it must be signed by the person recording the event.
- If staff members have any concerns about a child they will need to decide what action to take. Where possible, there should be a conversation with the designated safeguarding lead to agree a course of action, although any staff member can make a referral to children's social care. Other options could include referral to specialist services or early help services and should be made in accordance with the referral threshold set by the Local Safeguarding Children Board. If anyone but the designated lead makes the referral, they should inform the Designated Lead as soon as possible to ensure this is followed up. See Appendix B for flow chart for staff when they have concerns about a child.
- **If a child is in immediate danger or is at risk of harm, a referral should be made to children's social care and/or the police immediately. Anyone can make a referral. Where referrals are not made by the designated safeguarding lead, the designated safeguarding lead should be informed as soon as possible that a referral has been made. Redcar and Cleveland Social Care Telephone number: 01642 771500 Out of hours number 08702 402994**



JOHN EMMERSON BATTY PRIMARY SCHOOL



- Where staff feel a child is expressing or demonstrating extreme, radical views or behaviours they should make the Head Teacher aware of their concerns.
- If a teacher discovers that an act of Female Genital Mutilation appears to have been carried out on a girl under the age of 18, the teacher must report this to the police.
- If an adult in school has suspicions that a child is subject to child sexual exploitation (CSE), they should inform the designated lead for safeguarding immediately.
- If staff have concerns regarding the conduct of another staff member they should inform the Head Teacher directly. If the concern is regarding the Head Teacher's conduct the staff member must contact the Chair of Governors.
- Where staff have concerns regarding safeguarding practices within school, the Head Teacher should be made aware of these concerns. If after raising concerns the staff member is not satisfied with the response / resultant action staff members should refer to the whistleblowing policy.
- **If the designated lead for safeguarding or (deputy designated lead) is not available in school in person during school opening hours (7.50am to 6.00pm – term time) all staff must contact the designated lead for safeguarding by telephone if they have any safeguarding concerns. They must not wait until the following working day. The designated lead can be contacted on 01642 483697 or 07411763545.**

7.4 ALLEGATIONS AGAINST STAFF

Allegations against staff could be initiated in school by children, parents or staff.

If an allegation or cause for concern is made against a member of staff the following action should be taken:

- The Head Teacher should be informed immediately.
- If the allegation is against the Head Teacher then the Chair of Governors should be informed immediately.

The Head Teacher or Chair of Governors should:

- ensure the child reporting allegation is safe and away from the member of staff against whom the allegation is made.
- seek support and guidance from the local authority and follow the '**Procedure for Managing Allegations against Staff, Carers and Volunteers**' provided by South Tees Local Safeguarding Board.
- Immediate support and guidance should be sought from:
 - The Local Authority Designated Officer (01642 - 771531) – Lorraine Press
 - The Child Protection Officer for Education – Marianne Dixon - (01642-837719)
- contact parents /carers of the child following advice from the LADO
- consider suspending the member of staff or review his/her working arrangements, pending the investigation, following advice from the LADO
- Make a referral to the Children's Service where the child resides, if appropriate • Consider suspending
- Attend strategy meetings convened by the LADO and act upon the decisions made at these meetings

Suspension should be considered when:

- There is a cause to suspect a child is at risk of harm or
- The allegation warrants investigation by the police or
- The allegation is so serious that it might be grounds for dismissal



Where an individual staff member in regulated activity is dismissed or removed due to safeguarding concerns, or would have been had they not resigned, the Head Teacher must make a referral to the Disclosure and Barring Service (DBS). This is a legal duty and failure to do so is a criminal act.

Any disciplinary investigation should be carried out once the child protection investigation has been completed.

7.5 **VOLUNTEERS**

All working in school, be it for regular work or occasional support will be informed of their responsibility to report any safeguarding concerns they may have to the Designated Safeguarding Lead. Here it would be expected that in most instances the volunteer would share the information with the child's class teacher for guidance prior to passing the information on to the DSL. However it will be made clear that ultimate responsibility for sharing appropriate information to safeguard children is the responsibility of the individual adult that first receives the information.

8.0 **WHISTLEBLOWING**

Where staff have concerns regarding safeguarding practices within school, the Head Teacher should be made aware of these concerns. If after raising concerns the staff member is not satisfied with the response / resultant action staff members should refer to the whistleblowing policy. The school's whistle blowing policy can be found on the school website under the Safeguarding Link. The NSPCC whistle-blowing helpline number is 08000 028 0285.

9.0 **STAFF TRAINING**

Safeguarding training for all staff must be completed annually.

All STAFF MUST READ THE "KEEPING CHILDREN SAFE IN EDUCATION: For School and College Staff" (September 2016) Document This can be found at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/550499/Keeping_children_safe_in_education_Part_1.pdf

All staff working directly with children should read Annex A of the above document.

**** The term staff used below refers to teachers, non-teaching staff, students, staff from other agencies and volunteers)***

All staff and governors at John Emmerson Batty Primary School receive Child Protection training which raises their awareness of processes and procedures agreed by the Local Safeguarding Children Board (LSCB). Training also covers areas such as 'signs and symptoms' and 'internet safety'.

Newly appointed staff receive training through John Emmerson Batty Primary School's induction programme and attended specific courses ran by the Child Protection Officer for Education (e.g. NQT's). Staff at John Emmerson Batty Primary School have also undertaken E-Learning courses promoted by the LSCB.

The Designated and Deputy Designated Lead for Safeguarding receives DSL training on an bi-annual basis and are expected to keep up to date with developments at least annually (including LSCB facilitated courses).



The Head Teacher and Chair of Governors have completed Safer Recruitment Training. All interview panels will include a person trained in safe recruitment.

10.0 VIRTUAL HEAD

All local authorities must have a virtual school head (VSH) in charge of promoting the educational achievement of the children looked after by the authority that appoints them. Many VSHs are experienced teachers and some have been school heads.

The VSH's role is to:

- know how the looked-after children are doing
- help school staff and social workers to find out about the extra needs of these children and any additional support available to them

The LA's Virtual head is: Lynn Strachan (01642 837705)

The Designated Lead for Looked after Children liaises with the Virtual Head Teacher to ensure that the child's needs are being suitably met. The Designated Lead for Looked After Children in our school is:

- Martin Kitchen

11.0 RECORD KEEPING

All documentation pertaining to the safeguarding of individual children will be stored using the CPOMS system. Here the following procedures will apply:

- The chronology of the case will be automatically recorded via CPOMS when individual events and safeguarding documents are stored
- Where a staff member records a child's disclosure, care should be made not to lead the child's responses and the child's words should be recorded exactly as they were stated without interpretation.
- All concerns raised by staff will generally be recorded using the CPOMS system using individual password protected accounts. All activity on the system is logged per account holder. All users apart from designated leads will categorise incidents as events no category. On notification of the incident / information the designated lead will categorise the incident / event accordingly to its appropriate category.
- Where written information is recorded (e.g. using the safeguarding incident log) this will be uploaded as soon as possible to the CPOMS system.
- All written accounts and information must be dated and signed by the person making the record.
- Historic case files will be stored securely in the head teacher's office in relevant sections indicating the nature of the case. Where an historic case becomes live again, historic files will be scanned and uploaded on to the CPOMS system and all future information will be stored on CPOMS.
- All children monitored at any one time will be categorised on the CPOMS system as either being subject to: child protection plan; child in need support; receiving early help; or being internally monitored.
- Where a child's case is stepped up or stepped down, the reasons for this will be noted in the case files (CPOMS automatically dates and puts in chronological order) The child's category for intervention will then be changed to ensure an accurate record of live cases can be kept.
- Each incident/event noted on CPOMS will be categorised using the above categories, thus allowing a case history to easily be viewed on CPOMS.



- Where professional challenge has occurred by a member of staff this will be categorised using the CPOMS system – This allows a record of professional challenge to be kept.
- Where a child transfers to a new school records will be forwarded in the following ways:
 - If the receiving school uses CPOMS an automatic transfer of information will be made using this system.
 - If the receiving school does not use CPOMS, a copy of all historic documentation pertaining to the child's case will be printed and scanned. A covering information sheet will be provided to the receiving school along with all historic documentation. Historic documentation will be delivered by hand (as far as is practicable) to the receiving school and a responsible professional person at this establishment will be asked to sign to acknowledge of receipt of the documents. The scanned copy of historic documents along with a copy of the signature of receipt will be uploaded to CPOMS for storage. Where it is not practical to hand deliver documentation. This will be sent via secure recorded delivery. The receiving school will be asked to sign and return a receipt for the documents.

12.0 THRESHOLD CRITERIA- CONTINUUM OF NEEDS

The provision of early support services should form part of a continuum of support to respond to the different levels of need of individual children and families and that there are clear criteria for taking action and providing help across this full continuum.

John E. Batty Primary School adheres to the Threshold Criteria outlined in the Redcar and Cleveland's Safeguarding Children Board's Threshold and Continuum of Need to help staff identify appropriate responses to particular individual family's needs.

12.1 CHILD IN IMMEDIATE DANGER OR RISK OF HARM

If you think a child is in immediate danger or risk of harm then you must act immediately either by informing the safeguarding lead (or deputy) without any delay or by making a referral yourself where this is not possible. Here consideration should be given as to whether informing the child's parents / carers could increase the future risk to a child. If in doubt about whether the information should be referred, then you should err on the side of caution and make the referral. Redcar and Cleveland Social Care Telephone number: 01642 771500 Out of hours number 08702 402994

12.2 CONCERNS ABOUT A CHILD

You may have concerns regarding a particular child's health, safety or wellbeing, but do not feel that they are in immediate danger or risk of harm. In such circumstances you should record the concern and any other relevant information and pass this to the safeguarding lead or deputy lead. This should be completed through the CPOMS system.

Depending on the nature of the case and your designation, you may be asked to work with the family to complete an Early Help Assessment.

12.3 EARLY HELP is deemed to be appropriate for Level 1 and Level 2 descriptors of need. (Parent /Carer Consent for Information Sharing Required)

John Emmerson Batty Primary School recognises that providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from pre-birth to teenage years. Staff have a role to play in identifying emerging problems and to share information with other professionals or agencies to support early identification of vulnerable children. Staff should be particularly alert to the potential need for early help with a child who:



- is disabled and has specific additional needs;
- has special educational needs;
- is a young carer;
- is showing signs of engaging in anti-social or criminal behaviour;
- is in a family situation where there is substance or alcohol abuse, adult mental health, domestic violence; and/or
- is showing early signs of abuse and neglect.

LEVEL 1 - UNIVERSAL SERVICES (EMERGING NEEDS) Universal services are accessible to all children, young people and their families. At this level there may be emerging needs that require additional involvement of a single service to avoid escalation of needs. Staff involved and the family should agree whether a Common Assessment Framework (CAF) is the most appropriate way of meeting needs of the family to achieve the best outcomes for the child. Universal services include: ♣ School ♣ Early years settings ♣ Children's Centres ♣ Health visitor and School nurse ♣ GP ♣ Maternity and Midwifery ♣ Housing ♣ Leisure Services ♣ Libraries ♣ Voluntary and Community Sector

LEVEL 2 – TARGETED SERVICES (ADDITIONAL OR COMPLEX NEEDS) Children and Families with additional needs may require a more targeted service and a support plan through a CAF. These services will be provided to children, young people and their families where additional needs are identified and life chances may be impaired without intervention. An assessment of need will be carried out using the Common Assessment Framework (CAF) with consent from the parent / carer (or young person if appropriate). The CAF will identify the specific needs of the child or young person and support the family to access additional services to improve outcomes for the child or young person. Level 2 services are appropriate where the criteria for social work assessment have not been met. Targeted support services include ♣ Children's Centres ♣ Family Support ♣ Targeted Youth ♣ Troubled Families ♣ Outreach ♣ Short breaks ♣ The Link - Level 2 Child and Adolescent Mental Health Services (CAMHS) ♣ Young Carers ♣ Education Psychologist ♣ Housing ♣ YOS ♣ Health visitor and School nurse ♣ Teenage Pregnancy Services ♣ Voluntary and Community Sector

12.4 CHILD IN NEED AND CHILD PROTECTION

At level 3 and 4 it is assessed that the safeguarding of children can only be achieved through the involvement of specialist social work intervention. Here this might be on a Child in Need basis with consent and cooperation of the parents or carers (provided the parents or carers have capacity to improve outcomes for children) or on a Child Protection Basis where parents and carers are either unwilling to accept intervention from professional agencies or they are assessed as to not have the capacity to support the children in question appropriately. Consent for information sharing must be gained from parents and carers if the case is to be on a Child in Need basis. If consent to progress the case on a Child in Need basis is not forthcoming and the professional still considers there to be significant risks to the child's welfare then they should consider whether to refer the case in a child Protection basis. Consent to share is not required where a professional deems the child is in immediate danger or risk of harm and to make the parents or carers aware of your concerns might place the child in further danger.

LEVEL 3 & 4 SPECIALIST (SPECIALIST NEEDS AND SAFEGUARDING) These services will be provided to children, young people and their families where specialist needs are identified and life chances will be impaired without intervention, or where a child is at risk of significant harm. Such cases may require a statutory or specialist assessment; if a CAF exists, the information in the CAF can inform a specialist assessment. Specialist services include: ♣ Locality Social Work teams ♣ Children with Disabilities Team ♣ Special Educational Needs service ♣ Specialist health or disability services ♣ Specialist Child and Adolescent Mental Health Services (CAMHS) ♣ Looked After Children Social Work team ♣ Leaving Care Services ♣ Specialist Counselling Services

For descriptors of indicators at each level please see Appendix C.

13.0 HOW TO MAKE REFERRALS



JOHN EMMERSON BATTY PRIMARY SCHOOL



All new referrals to Children's Social Care are made via the First Contact Team during normal office hours or via the Emergency Duty Team (EDT) outside of office hours. The Emergency Duty Team offer an emergency response to referrals and any that remain unresolved will be forwarded to First Contact for consideration at the start of the next working day. Redcar and Cleveland Social Care Telephone number: 01642 771500 Out of hours number 08702 402994

See Referral Forms in Appendix D

The decision on how to respond to a referral is the responsibility of the First Contact Team, which includes qualified social workers. When the First Contact Team receive a referral, the information is recorded and, unless the referral is accompanied by a completed Early Help Assessment (EHA), a check will be made on the EHA database to determine if there is an active lead professional and / or team around the family (TAF).

The First Contact Team will make a decision about the type of response that is required within one working day of receiving the referral. Possible responses are:

- not progressing the referral due to one of the following reasons: a) the referral was for information only; b) the referral does not meet the threshold for statutory intervention under section 47 of the Children Act 1989; and there is no consent, or the referrer is unable to gain consent, to the referral from a parent or other person with parental responsibility;
- more information is needed before a decision can be made by the First Contact Team about a proportionate response;
- to allocate the referral to the Early Help team; or
- to allocate the referral to Social Work Assessment Team.

If a referral is not allocated to a Social Work Assessment Team, First Contact may: • provide advice and guidance to the family or the referrer; • make a referral to the Early Help Team; • make a referral to another agency; or • decide that no other action is required.

If the referrer is a member of staff they will always be informed of the response to their referral in writing within five working days. Professionals who make a referral cannot remain anonymous.

14.0 FEMALE GENITAL MUTILATION (FGM)

All Staff have a personal legal duty to report any incidence of FGM of a child under 18 to the police. Please see the guidance below:

The FGM mandatory reporting duty is a legal duty provided for in the FGM Act 2003 (as amended by the Serious Crime Act 2015). The legislation requires regulated health and social care professionals and teachers in England and Wales to make a report to the police where, in the course of their professional duties, they either:

- are informed by a girl under 18 that an act of FGM has been carried out on her; or
- observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth (see section 2.1a for further information).

For the purposes of the duty, the relevant age is the girl's age at the time of the disclosure/identification of FGM (i.e. it does not apply where a woman aged 18 or over discloses she had FGM when she was under 18).

Complying with the duty does not breach any confidentiality requirement or other restriction on disclosure which might otherwise apply. The duty is a personal duty which requires the individual professional who becomes aware of the case to make a report; the responsibility cannot be transferred. The only exception to



this is if you know that another individual from your profession has already made a report; there is no requirement to make a second.

The duty does not apply in relation to at risk or suspected cases or in cases where the woman is over 18. In these cases, you should follow local safeguarding procedures. For more information, please see the English or Welsh version of Working Together to Safeguard Children as appropriate, and/or the multi-agency guidance on FGM.

Where there is a risk to life or likelihood of serious immediate harm, professionals should report the case immediately to police, including dialling 999 if appropriate.

Further detailed information can be found at: [Home Office Information on FGM.](#)

15.0 SEXUAL EXPLOITATION

It is the duty of all staff to report any suspicions they may have that children are being sexual exploited to the lead Designated Lead for Safeguarding.

Signs of sexual exploitation may include:

- going missing for periods of time or regularly returning home late
- skipping school or being disruptive in class
- appearing with unexplained gifts or possessions that can't be accounted for
- experiencing health problems that may indicate a sexually transmitted infection
- having mood swings and changes in temperament
- using drugs and/or alcohol
- displaying inappropriate sexualised behaviour, such as over-familiarity with strangers, dressing in a sexualised manner or sending sexualised images by mobile phone ("sexting")
- they may also show signs of unexplained physical harm, such as bruising and cigarette burns

Further detailed information can be found on the DFE publication "What to do if you suspect a child is being sexually exploited at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/279511/step_by_step_guide.pdf

16.0 SEXTING IN SCHOOL

A young person who discloses they are the subject of sexual imagery is likely to be embarrassed and worried about the consequences. It is likely that disclosure in school is a last resort and they may have already tried to resolve the issue themselves. Children disclosing such information should be dealt with the utmost sensitivity.

When an incident involving a child produced sexual imagery or written content comes to the attention of staff then the following should happen:

- The incident should be referred to the Designated Safeguarding Lead (DSL) as soon as possible
- The DSL should hold an initial review meeting with appropriate school staff
- There should be subsequent interviews with the young people involved (if appropriate)
- Parents should be informed at an early stage and involved in the process unless there is good reason to believe that involving parents would put the young person at risk of harm
- At any point in the process if there is a concern a young person has been harmed or is at risk of harm a referral should be made to children's social care and/or the police immediately.

Initial Review Meeting



The initial review meeting should consider the initial evidence and aim to establish:

- Whether there is an immediate risk to a young person or young people
- If a referral should be made to the police and/or children's social care
- If it is necessary to view the imagery in order to safeguard the young person – **in most cases, imagery should not be viewed**
- What further information is required to decide on the best response
- Whether the imagery has been shared widely and via what services and/or platforms. This may be unknown.
- Whether immediate action should be taken to delete or remove images from devices or online services
- Any relevant facts about the young people involved which would influence risk assessment
- If there is a need to contact another school, college, setting or individual
- Whether to contact parents or carers of the pupils involved - in most cases parents should be involved

An immediate referral to police and/or children's social care should be made if

- The incident involves an adult
- There is reason to believe that a young person has been coerced, blackmailed or groomed, or if there are concerns about their capacity to consent (for example owing to special educational needs)
- What you know about the imagery suggests the content depicts sexual acts which are unusual for the young person's developmental stage, or are violent
- The imagery involves sexual acts and any pupil in the imagery is under 13. If the imagery includes children on roll at JEB then in all cases this will apply. Where the imagery pertains to a known secondary aged child over 13 years old then the DSL may inform the child's secondary school's DSL so that they may be involved in dealing with the case appropriately. This may involve reporting to the police and/or social care.
- You have reason to believe a pupil is at immediate risk of harm owing to the sharing of the imagery, for example, the young person is presenting as suicidal or self-harming

This is a very complex issue and detailed guidance should be sought when dealing with such incidents. Further Guidance from the UK Council for Child Internet Safety (UKCCIS) can be found at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/551575/6.2439_KG_NCA_Sexting_in_Schools_WEB_1_.PDF

17.0 MANAGING PEER ON PEER ALLEGATIONS

John E. Batty School has put in place safeguards to reduce the likelihood of peer on peer allegations. There is an established ethos of respect, friendship, courtesy and kindness with a clear, high profile Behaviour and Anti-Bullying Policies which sets out the school's expectations and consequences for unacceptable behaviour together with visible staff presence. School seeks to educate all pupils on healthy relationships through the curriculum, however we recognise despite this we need to be alert to peer on peer abuse. It is important to recognise that children do engage in sexual play and experimenting, which is usually age appropriate. Child sexual abuse is a subject many people find very difficult to talk about. It is important not to criminalise behaviour that is a perfectly normal and healthy part of growing up. However, the idea that children can sexually abuse others is still very hard for us to accept. The presence of one or more of the following points in situations where there has been sexual activity between children should always trigger some concern:

- There is an age difference of two years or more between the children
- One of the children is significantly more dominant than the other
- One of the children is significantly more vulnerable than the other eg. in terms of disability, confidence, physical strength
- There has been some use of threats, bribes or coercion to secure compliance or to maintain secrecy

Any peer on peer allegation must be referred to the DSL immediately, using the school's child protection procedures as set out in this policy. Where a concern regarding peer on peer abuse has been disclosed to the DSL(s) advice and guidance will be sought from Children Social Services and where it is clear a crime



has been committed or there is a risk of crime being committed the Police will be contacted. Working with external agencies there will usually be an School response to the unacceptable behaviour, for example, if a pupil's behaviour negatively impacts on the safety and welfare of other pupils then safeguards will be put in place to promote the well-being of the pupils affected, the victim and perpetrator will be provided with support to prevent any reoccurrence of improper behaviour. Please refer to Sexting Information in this policy for further guidance.

18.0 SO CALLED HONOUR-BASED VIOLENCE (HBV)

(HBV) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing. All forms of so called HBV are abuse (regardless of the motivation) and should be handled and escalated as such. If in any doubt, staff should speak to the designated safeguarding lead.

Indicators - There are a range of potential indicators that a child may be at risk of HBV. Guidance on the warning signs that FGM or forced marriage may be about to take place, or may have already taken place, can be found on pages 38-41 of the Multi agency statutory guidance at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/512906/Multi_Agency_Statutory_Guidance_on_FGM_-_FINAL.pdf

and

on FGM (pages 59-61 focus on the role of schools and colleges) and pages 13-14 of the Multi-agency guidelines: Handling case of forced marriage at

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/322307/HMG_MULTI_AGENCY_PRACTICE_GUIDELINES_v1_180614_FINAL.pdf

19.0 FORCED MARRIAGE

If a member of staff suspects that an individual may become victim of a forced marriage, then they should inform the DSL immediately.

Forcing a person into a marriage is a crime in England and Wales. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Nevertheless, some communities use religion and culture as a way to coerce a person into marriage. Schools and colleges can play an important role in safeguarding children from forced marriage.

The Forced Marriage Unit has published Multi-agency guidelines at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/322307/HMG_MULTI_AGENCY_PRACTICE_GUIDELINES_v1_180614_FINAL.pdf

with pages 32-36 focusing on the role of schools and colleges. School and college staff can contact the Forced Marriage Unit if they need advice or information: Contact: 020 7008 0151 or email fmufco.gov.uk

20.0 PREVENTING CHILDREN FROM THE RISK OF RADICALISATION (PREVENT DUTY)



JOHN EMMERSON BATTY PRIMARY SCHOOL



Introduction From 1 July 2015 all schools are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015, in the exercise of their functions, to have “due regard to the need to prevent people from being drawn into terrorism”. This duty is known as the Prevent duty.

The school will implement the prevent duty by:

- Assessing the risk of children being drawn in to terrorism;
- Working in partnership with other safeguarding agencies including the Chanel Panel;
- Training staff in assessing risks and their roles within the duty; and
- Enabling children to stay safe online through the curriculum provided and appropriate internet filtering.

In keeping with DfE guidance, the school staff should implement general safeguarding procedures outlined in this policy and use their professional judgement in identifying children who might be at risk of radicalisation and act proportionately by liaising with the designated safeguarding lead.

Where deemed appropriate the designated safeguarding lead will make referrals to the LA Channel Panel.

Further Guidance can be found in the DfE Prevent Duty Guidance at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/439598/prevent-duty-departmental-advice-v6.pdf

21.0 SPECIFIC SAFEGUARDING ISSUES

DfE statutory guidance – Keeping Children Safe in Education (2016) draws attention to specific safeguarding issues and recommend that staff seek guidance from expert professional organisations. Specif Safeguarding Issue Include:

- [bullying including cyberbullying](#)
- [children missing education](#) – and Annex A
- [child missing from home or care](#)
- [child sexual exploitation \(CSE\)](#) – and Annex A
- [domestic violence](#)
- [drugs](#)
- [fabricated or induced illness](#)
- [faith abuse](#)
- [female genital mutilation \(FGM\)](#) – and Annex A
- [forced marriage-](#) and Annex A
- [gangs and youth violence](#)
- [gender-based violence/violence against women and girls \(VAWG\)](#)
- [hate](#)
- [mental health](#)
- [missing children and adults](#)
- [private fostering](#)
- [preventing radicalisation](#) – and Annex A
- [relationship abuse](#)
- [sexting](#)
- [trafficking](#)

CLICK ON THE LINKS ABOVE TO GO DIRECTLY TO THE PROFESSIONAL ORGANISATIONS GUIDANCE.

22.0 CONFIDENTIALITY



Confidentiality and trust should be maintained as far as possible, but John Emmerson Batty Primary School will act on the basis that the welfare of the child is paramount. Permission to share information is required for any case which is deemed to be on an Early Help or Child in Need Basis. Where a safeguarding need is at a Child Protection Level, then the necessity to protect the child will override the need for permission for information to be shared. The degree of confidentiality will be governed by the need to protect the child and personal information will be shared where this is necessary to protect the child (1998 Data Protection Act).

23.0 PROFESSIONAL CHALLENGE

Professional challenge is a positive activity and a sign of good professional practice, a healthy organisation and effective multiagency working. Being professionally challenged should not be seen as a slur on the person's professional capabilities.

Many serious case reviews, both nationally and locally, have identified an apparent reluctance to challenge interagency decision making. The serious case reviews have often identified one, if not more, professional(s) who is/are concerned with a decision made by a different agency. However the serious case reviews have identified that their concerns have not been followed up with robust professional challenge which may have altered the professional response.

Professional challenge and critical reflection about the focus and intended outcome of intervention should include questioning and being open to professional challenge from colleagues as well as being confident to challenge others.

Professional challenge is a fundamental professional responsibility. In this context it is about challenging decisions, practice or actions which may not effectively ensure the safety or well-being of a child or young person or his/her family.

Many professional challenges will be resolved on an informal basis by contact between the professional raising the challenge (or their manager) and agency receiving the challenge and will end there.

How should a professional make a challenge?

1. Any professional who is unhappy about the decision/action should contact the professional who made the decision/took the action to express their views and concern and discuss/explore the basis of that decision.
2. If the issue cannot be resolved between them both professionals should raise the issue with his/her manager/Named professional.
3. If the manager considers it appropriate an interagency meeting should be held between the agency raising the professional challenge and the receiving agency to discuss the different views. At this point the LSCB Business Support Team should be notified of the nature of the professional challenge.
4. If the issue cannot be resolved at this interagency meeting the worker's manager should discuss it with the relevant head of service.
5. If resolution still cannot be found, the relevant head of service should raise the issue with the agency's representative on the Local Safeguarding Children Board.

The threshold for reporting the use of professional challenge to the LSCB

The threshold for reporting professional challenge to the LSCB is when it becomes necessary to move to stage 3 above. (I.e. it has not been possible to satisfactorily resolve the issue at stages 1 and 2 and an interagency meeting is held between the agency raising the professional challenge and the receiving agency to discuss the different views).

Reporting the use of professional challenge

To monitor the use of this procedure the following information should be provided to the Safeguarding Children Board Business Support Team by the Named Person for the agency which raised the challenge:

- What was the challenge?



- What was done to address the challenge?
- What was the outcome of these actions?
- How was the issue resolved?
- Are the professionals involved satisfied with the outcome?
- If resolution could not be achieved was the issue referred to the LSCB?

STAFF RESPONSIBILITIES TO CARRY OUT PROFESSIONAL CHALLENGE

Staff at John Emmerson Batty including the Designated and Deputy Designated Safeguarding Lead have a responsibility to consider the appropriateness of the action, or inaction of other professionals. Where they disagree with the designated course of action (or lack of action) then the staff member should professionally challenge the person using the above procedures. Where professional challenge is carried out, this should be recorded on the child's safeguarding file in CPOMS. Further guidance can be found on the LSCB Website at:

<http://www.teescpp.org.uk/professional-challenge>

24.0 MINIMISING RISKS TO CHILDREN / STAFF CODES OF CONDUCT

SAFE PRACTICES/CODES OF CONDUCT IN SCHOOL – POLICY FOR ALL ADULTS TO FOLLOW

It is recognised that the children in school need to develop positive, caring relationships with staff if they are to develop as confident, self assured, emotionally intelligent individuals. All staff in school must however consider themselves as being responsible for their interactions with children and the nature of the relationships which develop. Any actions that are motivated by a desire for self gain on the part of a staff member will be perceived as being abusive in nature. To ensure opportunity for inappropriate relationships and interactions are kept to a minimum the following practices/codes of conduct will be followed in school by all staff:

- Children will use the designated children's toilets and adults will use the designated adult toilets.
- Where a staff member needs to enter a child's toilet they should seek to have a third party adult witness them.
- Staff will not kiss children in any circumstances.
- Adults will not initiate affectionate physical contact except in circumstances where a child is showing immediate signs of being upset e.g. following an accident. Here the adult must where possible seek to ensure any physical contact is witnessed by a third party and is not prolonged in nature.
- Where a child instigates affectionate physical contact with a staff member then the adult may, as appropriate to the age and maturity of the child, accept such contact for short periods of time, but must in no way seek to further the physical contact in any way. As children mature through school the expectation is that children will instigate less physical contact between adults and children. If an older child in school is seeking regular physical contact this should be considered as being a possible indicator requiring further investigation.

Examples.



JOHN EMMERSON BATTY PRIMARY SCHOOL



- If a child in Lower Foundation Stage initiates sitting on an adults lap, then the adult may allow this for a short period of time but must not extend the physical contact by for example cuddling the child.
- If a child in Year 2 puts their arms around a standing adult for a cuddle, then the adult may allow this for a short period of time mirroring the behaviour, but must not extend the physical contact by for example lifting the child.
- If a child in Y5 initiates a cuddle with an adult, then the adult may acknowledge the cuddle but should communicate that the school adult / pupil relationship is one where cuddling is not appropriate. Here the adult may say something like, "That's nice of you to be so friendly but we don't really cuddle in school"
- Where an adult needs to talk to a child on a one to one basis (e.g. to maintain a child's self respect when they are being talked to about their inappropriate behaviour) the staff member should seek to do this in an area / room where the event can be witnessed from a distance by another adult e.g. in a room with a door with a glass pane.
- Staff in school will not discuss with children in any depth details about their personal life or relationships they hold outside of school.
- Staff will not seek social relationships with children outside of school, including relationships developed through means of social media.
- Staff will not, save in exceptional circumstances, provide/offer children with lifts to or from school. In all cases where this may occur (e.g. following a sporting activity) the staff member must inform a member of the leadership team.
- Staff will not provide children with their personal details or use their access to children's personal details except in relation to their work duties.
- Where a member of staff is asked to provide private tuition to a child in school, the relevant staff member should inform the head teacher that this work is being undertaken outside of school.
- Only employees of the school will have access to children's personal information.
- Staff will not give presents or greeting cards to individuals or small groups of children. Small rewards/presents/cards may be given to full cohorts e.g. sweets at the end of the year to a class or club etc. Where presents/rewards are given a third party member of staff must be made aware.
- Where a child has disclosed details of something that may be a cause for concern to a staff member, this information should be passed on to a third party staff member in a professional manner. E.g. discussed with the Head Teacher.
- No staff members will share 'secrets' with individuals or groups of children.
- The children will be reminded on a regular basis to 'tell' an adult if something has upset them or made them feel uncomfortable.
- No staff member will communicate via telephone, through email, texts or social media directly with any child on role except through the school's official email accounts where all communications can be tracked (e.g. Apple accounts for homework etc.)
- It is of note that children with special needs and/or disabilities may be more vulnerable to all forms of abuse than children without such needs or disability. It is therefore the responsibility of all staff to pay additional regard to the safety of such children.



JOHN EMMERSON BATTY PRIMARY SCHOOL



- Where an adult in school has concerns that these practices/codes of conduct are not being followed by another adult then they should inform the Head Teacher. Where it is thought the head teacher's behaviour is demonstrating cause for concern the Chair of Governors should be informed.

25.0 MONITORING AND REVIEW

The Governing Body will ensure that it undertakes the following:

- Annually review its Child Protection Policy
- Has a senior member of staff as Designated Lead for Safeguarding.
- Review annually the workload of the Designated Lead for Safeguarding by requesting a report detailing related child protection work undertaken. Governing body to support as felt appropriate.
- Monitor and evaluate child protection training that staff receive
- Review all aspects of safeguarding children / working practices and develop as required

End of Policy

Policy agreed by the governing body on: 11th October 2017

Signed:

A handwritten signature in black ink, appearing to read 'M. Kitcher'.



JOHN EMMERSON BATTY PRIMARY SCHOOL



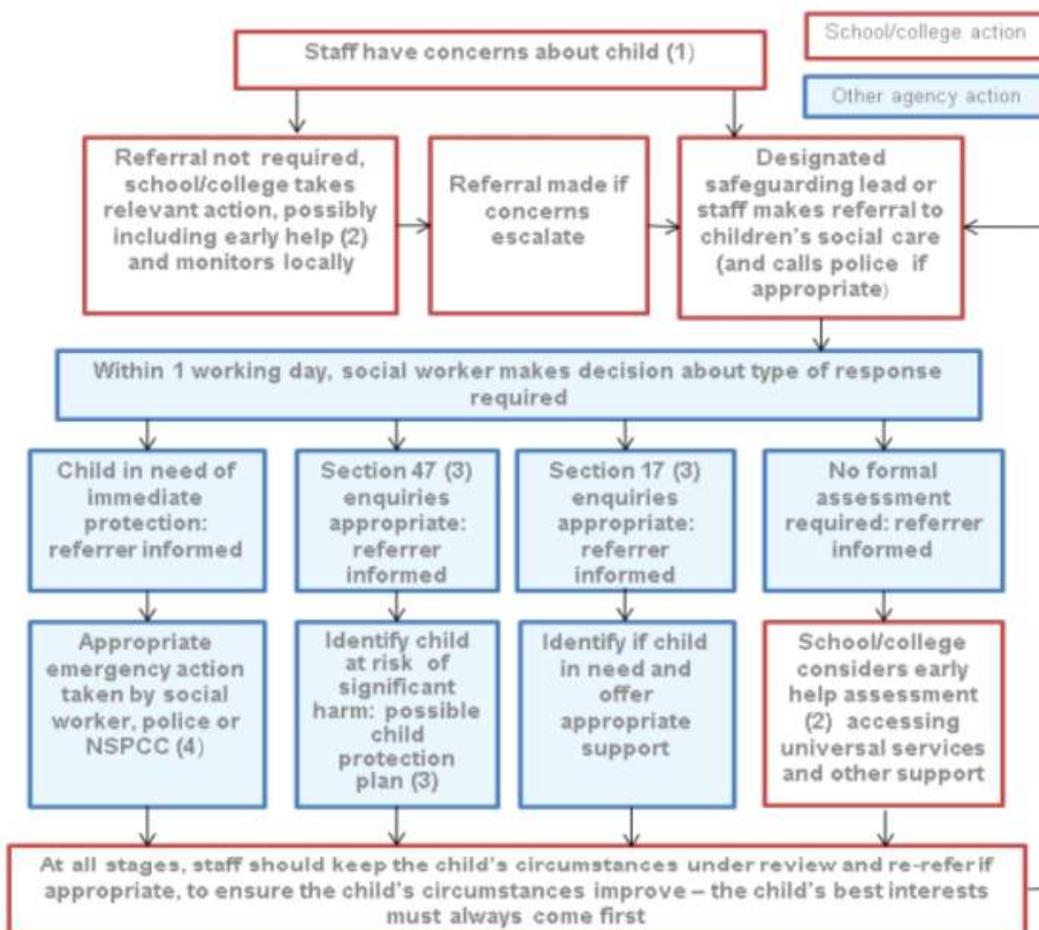
Appendix A

JOHN EMMERSON PRIMARY SCHOOL INCIDENT LOG		
Child's name:	Class:	Date:
Reported by:		
Signed:		
Role in School:		

Action taken:
Date:

APPENDIX B

Actions where there are concerns about a child



APPENDIX C – Threshold Criteria

	Level 1: Universal Emerging Needs	Level 2: Targeted Additional/Complex Needs	Level 3 & 4 Specialist Specialist Needs and Safeguarding
HEALTH	<ul style="list-style-type: none"> • Low weight gain/underweight • Overweight/obese • Not attending routine health appointments • Slow in reaching development milestones • Minor health problems affecting school attendance • Lack of dental care checks or treatment • Experimental drug use, including smoking and alcohol 	<ul style="list-style-type: none"> • Obesity impacting on health/learning • Chronic/recurring health problems • Lack of food/hungry • A disabled child or young person requires support to access services to broaden experiences and/or prevent build of stress in family or to prevent impairment/alleviate stress in family • Concerns about developmental progress • Persistently missing health appointments, which will have a minor impact on the Child's Health and Wellbeing • Dietary needs persistently not met • Limited/restricted diet, no breakfast, no lunch money • Persistent failure to address the child's dental needs • Some sexualised behaviour; consideration be given to age, development and ability • Substance misuse incl. persistent use of high risk experimentation • 'Unsafe' and/or regular sexual activity • Teenage pregnancy • Sexually Transmitted Infections • Vulnerability to Child Sexual Exploitation • Self Harming or suicidal thoughts 	<ul style="list-style-type: none"> • Injury with an absent or unsuitable explanation • Bruises, bites and suspicious marks on babies and children • Child Sexual Exploitation • Sexual activity in children aged 12 and below • A parent or carer deliberately injures or induces illness in a child by hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating or otherwise causing physical harm • Evidence of Fabricated or Induced Illness • Disabled child/young person requires specialist services (including short breaks) to prevent immediate risk of significant impairment which might directly affect child's growth, development, physical or mental wellbeing, or to prevent the need for long term accommodation • Problematic substance misuse requiring detox and rehabilitation • Mental health problems e.g. threat of suicide, psychotic episode, severe depression • Persistently missing health appointments which will have a catastrophic impact on the Child's Health and Wellbeing. • Evidence or risk of Female Genital Mutilation

	Level 1: Universal Emerging Needs	Level 2: Targeted Additional/Complex Needs	Level 3 & 4 Specialist Specialist Needs and Safeguarding
EDUCATION & LEARNING	<ul style="list-style-type: none"> • Poor home/school links • Poor peer relationship • Not always engaged in learning or organised activities • Poor concentration, low motivation • Limited evidence of progression • Speech/language difficulties • Little evidence of stimulation from carers • On School Action/School Action+ • Poor punctuality • Regular school absences or truanting • Not in Education, Employment or Training (NEET) for 12 weeks or more (16-18yrs) 	<ul style="list-style-type: none"> • Has a statement of Special Educational Needs • Inadequate educational progress • Below 85% non-school attendance • Puts peers at risk through behaviour • Inappropriate social behaviour • Unresolved speech and language difficulties • Permanent or fixed-period exclusions • Poor home/school link • No school placement • Constant failure of carer to provide stimulation • Not in Education, Employment or Training (NEET) post 16 with complex needs 	<ul style="list-style-type: none"> • No education in place due to parents refusal (Education) • The child or young person has educational needs which are significant and complex requiring further assessment or support which cannot be provided by mainstream settings (Education / post 16 – Youth Connexions)

	Level 1: Universal	Level 2: Targeted	Level 3 & 4 Specialist
	Emerging Needs	Additional/Complex Needs	Specialist Needs and Safeguarding
EMOTIONAL/BEHAVIOURAL DEVELOPMENT	<ul style="list-style-type: none"> • Difficult family relationships • Difficult peer relationships • On School Action or School Action+ • Some inappropriate responses and actions • Finds managing change difficult • Poor routines • Separation anxiety • Not always able to understand how actions impact on others • Not always able to make safe leisure choices 	<ul style="list-style-type: none"> • Child finds it difficult to cope with anger and frustration • Inappropriate sexualised behaviour • Unusually withdrawn / unwilling to engage • Disruptive/challenging behaviour at school or pre-school setting or in the neighbourhood • Limited ability to understand how actions impact on others • Evidence of persistent/insecure attachments • Cannot maintain peer relationships e.g., is aggressive, bully, bullied etc. • Starting to offend • Unable to understand the effect of their own actions • Unable to display empathy • Risky behaviour choices • Regular absconding from school, home or care • Regularly involved in anti-social or criminal activities • Accessing inappropriate pornography • Young Carers 	<ul style="list-style-type: none"> • Emotional abuse – a child is persistently maltreated as to cause severe and persistent adverse effects to their emotional development • Sexual abuse – grooming, forcing or enticing a child to take part in sexual activities including both contact and non contact (pornographic, voyeuristic) abuse • Sexual activity when a child is under 13 • Involved in prostitution or child trafficking • Significant mental health problems • Missing child or young person • Persistently accessing inappropriate adult sexual material • Seeing or hearing abuse of another through Domestic Abuse

	Level 1: Universal	Level 2: Targeted	Level 3 & 4 Specialist
	Emerging Needs	Additional/Complex Needs	Specialist Needs and Safeguarding
IDENTITY	<ul style="list-style-type: none"> • Poor self confidence • Some insecurities around identity expressed (low self esteem) • Low aspirations for the future • Few if any achievements • Bullying 	<ul style="list-style-type: none"> • Demonstrates significantly low self-esteem • Mental health problems becoming manifest • Possible eating disorders • Socially isolated/lacks appropriate role models • Experiences discrimination e.g. on the basis of ethnicity, race, religious beliefs, sexual orientation or disability • Anti-social or risk taking behaviour such as sexual activity and substance use • Victim of Hate Crime where additional support is needed • Vulnerable to involvement in radical or extremist behaviour 	<ul style="list-style-type: none"> • Significant mental health problems • Self harm and speaking about suicides, where previous suicide attempted • Involved in radical or extremist behaviour

	Level 1: Universal	Level 2: Targeted	Level 3 & 4 Specialist
	Emerging Needs	Additional/Complex Needs	Specialist Needs and Safeguarding
FAMILY AND SOCIAL RELATIONSHIPS	<ul style="list-style-type: none"> • Chaotic routines • Child has lack of positive role models • Child has some difficulties sustaining relationships • Family is isolated 	<ul style="list-style-type: none"> • Receives inconsistent parenting • Disabled child's care needs result in them being unable to participate in family or community activities which leads to an impairment of their social or emotional development • Often left at home alone for long periods of time (judgement needed re: age of child and 'home alone' issues) • Defiance of home rules, becoming increasingly oppositional • Socialises with an inappropriate peer group • Child/young person may be inappropriately receiving food/accommodation, drugs, alcohol, cigarettes, affection, gifts, money • Parents/carers are persistently cold or rejecting towards the child or young person • Child or young person is a Young Carer • Difficulties concerning sibling relationships • Poor relationships with extended family • Child/young person has experienced loss of significant adult (e.g. through bereavement) • Family breakdown has occurred leaving young person without accommodation 	<ul style="list-style-type: none"> • A child is traumatised, injured or neglected as a result of domestic violence or persistent serious verbal threats • Child is or may be suffering physical, emotional, sexual or significant neglectful harm • Grooming and child exploitation (including sexual exploitation)

	Level 1: Universal Emerging Needs	Level 2: Targeted Additional/Complex Needs	Level 3 & 4 Specialist Specialist Needs and Safeguarding
SOCIAL PRESENTATION	<ul style="list-style-type: none"> Inappropriate clothing (e.g. too small) Child can be either over friendly or withdrawn Lack of school uniform impacting on progress/relationships in school Child may not always be clean – may suffer from teasing at school about being 'smelly' Child appears to be alone and unconnected Clothing sexually provocative or inappropriate for setting 	<ul style="list-style-type: none"> Clothing is regularly unwashed and frequently ill fitting Poor hygiene leads to alienation from peers Child's appearance reflects poor care – poor hygiene, dirty clothes, ill fitting shoes, lack of appropriate hair and skin care Rejection or taunting by peers Child unable to make appropriate decisions which may put them at risk Child wary or watchful of carers/people Alienates self from school Self harming or suicidal thoughts 	<ul style="list-style-type: none"> Parents refusing, or unable to acknowledge, or not effectively engaging with services, or accept concerns, where risk of significant harm Self harm and speaking about suicides, where previous suicide attempted
SELF CARE SKILLS	<ul style="list-style-type: none"> Child slow to develop self-care skills Disability limits self-care Not always adequate self-care 	<ul style="list-style-type: none"> Little/no responsibility for age appropriate self-care tasks Disability prevents self-care in range of tasks Young people engaged in activities preventing self care on an ongoing basis e.g. substance misuse 	<ul style="list-style-type: none"> Severe disability – child relies totally on other people to meet care needs

	Level 1: Universal Emerging Needs	Level 2: Targeted Additional/Complex Needs	Level 3 & 4 Specialist Specialist Needs and Safeguarding
PARENTING CAPACITY	<ul style="list-style-type: none"> Parent struggling requiring low levels of support Anxious/inexperienced parent(s) Inappropriate child care arrangements Emerging needs due to acrimonious divorce/separation of parents Basic care is sometimes inconsistent 	<ul style="list-style-type: none"> Parents need additional support to meet the needs of child/young person Basic care is inconsistent and impacting on child/young person Food, warmth and other basics not always available Sometimes lacking in supervision and attention to safety Family life is chaotic and impacting on child Inappropriate or frequent visits to doctor/casualty Domestic abuse where parents want support Parent's mental and/or physical health and/or disability to impact on care of child/young person- Use of PAMIC tool recommended (INSERT HYPERLINK) Parents have their own emotional needs which, on occasion, impact on the emotional warmth given to the child/young person Parent/carer offers inconsistent boundaries Acrimonious divorce/separation impacting on child or young person 	<ul style="list-style-type: none"> Parents, have or may have, abused/neglected the child/young person Neglect – A one off critical incident or the persistent failure to meet a child's basic physical and psychological needs, including mental needs, which could cause significant harm to their health & development When a child is Privately Fostered Previous child(ren) were permanently removed from either parent's care Parents have relationship/ health difficulties which impact on the child and are unable or unwilling to accept help Parent unable to restrict access to home by dangerous adults Child/young person left in the care of adult known or suspected to be a risk Unborn babies where a parent has mental health issues, personality/violence/anger issues, learning disability, substance misuse, ongoing Domestic Abuse, beyond control teenagers, or young person brought up in care with poor experience of parenting Domestic abuse where parents are not willing to engage with support services Children left at home alone, beyond their ability to do so, or with another child, beyond their capability to care for the child

	Level 1: Universal Emerging Needs	Level 2: Targeted Additional/Complex Needs	Level 3 & 4 Specialist Specialist Needs and Safeguarding
FAMILY & ENVIRONMENT	<ul style="list-style-type: none"> Limited support from friends and family Family/social isolation Concern re: possibility of rent arrears Financial difficulties Child/young person has experienced loss of significant adult (e.g. through bereavement) Impact of welfare changes e.g. need for food banks Inadequate/poor housing Move to new country or language barriers affecting family's ability to engage with community or services 	<ul style="list-style-type: none"> Parent/carer has physical or mental health difficulties which require additional services Rent arrears put family at risk of eviction Long term unemployment within family Some conflict within the community Child or young person is a young carer Family thinks it is acceptable to use illegal substances in front of children Parents have relationship / health difficulties which impact on the child, but willing to accept help Parents request advice to manage their child's behaviour Children affected by difficult family relationships or bullying in the home Overcrowding in home, housing transience Family require advice regarding social exclusion / hate crime Associating with anti social or criminally active peers Family bereavement or significant stressors 	<ul style="list-style-type: none"> History of suspicious child death in the family Domestic abuse incident where the child is placed at risk of significant harm or suffered significant harm Members of the wider family are known to be, or suspected of being, a risk to children and having contact with child/young person Homeless family and families who have no recourse to public funds Home conditions are dangerous, levels of hygiene seriously threatening health Parents/carers not acknowledging/accepting responsibility to address basic care needs of child/young person, placing child/young person at risk of significant harm Children left at home alone, beyond their ability to do so, or with another child, beyond their capability to care for the child Parents have relationship/ health difficulties which impact on the child and are unable or unwilling to accept help

Appendix D – Referral Forms Request for Early Help Service

Parent / Carer Name(s):	D.O.B.(s):	Date of request:
Children’s Name(s):	D.O.B.(s):	
Address:		Telephone Number:
Service Requested	Please Indicate	
Home/Fire Safety Assessment	<input type="checkbox"/>	
Key Worker Family Support	<input type="checkbox"/>	
Child Well Being Practitioner to attend Child Well Being Meeting	<input type="checkbox"/>	
Child Well Being Practitioner Step-Down Discussion Required	<input type="checkbox"/>	
Children’s Centre Engagement	<input type="checkbox"/>	
Children’s Centre Crèche Place (EHA must be attached for request to be accepted)	<input type="checkbox"/>	
Get Ready for Nursery / Free 2 Year Childcare	<input type="checkbox"/>	
Parenting Programme (incl. Parent Puzzle, Mellow P Infant Massage, Triple P)	<input type="checkbox"/>	
Freedom Programme	<input type="checkbox"/>	
CREST Young Person’s drug and alcohol service	<input type="checkbox"/>	
Teenage Pregnancy Support	<input type="checkbox"/>	
Youth Service – Youth Work Plus	<input type="checkbox"/>	
Targeted Youth Support – Schools (please give School name)	<input type="checkbox"/>	
Children with Disabilities (incl. Portage, Inclusion Support, High Needs Block Funding, After School, Short Breaks) (EHA must be attached for request to be accepted)	<input type="checkbox"/>	

Is the family currently open to:	Please indicate as appropriate			
Early Help Assessment	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Child in Need Plan	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Child Protection Plan	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

NB. Please attach relevant assessments

Information Gathering: Rationale / Overview

Indicator	Yes (Details)
1. Parents and children involved in crime or anti-social behaviour	
2. Children who have not been attending school regularly (incl. Parenting Order)	
3. Children/Young People who need help	
4. Adults out of work or at risk of financial exclusion and young people at risk of worklessness	



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5. Families affected by domestic violence and abuse	
6. Parents and children with a range of health problems	

Known risks to staff	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Details:	
Risk reduction strategy		
Support Services currently involved	Please state:	
Rationale & Intended Outcomes	Please explain the rationale and intended outcomes for this referral:	

Referrer's name: Gill Dove		
Job Title & Agency: Early Help Lead/CWB Practitioner		
Contact details: 07584703066		
Parental/Young Person consent to proceed :	Signature:	Date
**Targeted Youth Support	CONFIDENTIAL (delete as applicable) YES/NO (If YES Parents MUST not be informed about this request for a service)	

ALL COMPLETED REQUEST FORMS INCLUDING ASSESSMENT(S) ARE TO BE SENT TO
Firstcontact@redcar-cleveland.gcsx.gov.uk



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Tees Multi Agency SAFER Referral Form

SAFER i.e. **S**ituation, **A**ssessment, **F**amily, **E**xpected response, **R**ecording.

Section one: **Situation**

SAFER

Before completing the form please refer to the threshold document to ensure the correct pathways are being followed.

I am completing this referral because: (please tick as appropriate):

I BELIEVE THIS CHILD REQUIRES SOCIAL CARE INTERVENTION

1. About you

Name:			
Job title:			
Organisation:		Police Event No.	
Postal address:			
Email address:		Telephone:	
My relationship to the child concerned is:			

Early Help Assessment

Has there been an Early Help Assessment completed? Yes No

If so, by who _____

Lead Professional (if known) _____

Date completed _____

Date closed (if appropriate) _____

(Please attached the Early Help Assessment to the referral – if available)



2. About the child/children

Child's name:		Gender:	M	<input type="checkbox"/>	F	<input type="checkbox"/>
Child's address:						
Postcode:		Date of birth / expected birth date:				
The child does <input type="checkbox"/> / does not <input type="checkbox"/> have a disability						

3. Current family and home situation

Who else lives with the child or plays a significant role in their life, e.g. siblings or grandparents

Name	Date of birth	Relationship to child	Living with child?

4. Families ethnicity and language/please refer to appendix 1 guidance, last page of this document

Ethnicity	First Language	Interpreter Required	Religion
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

5. Other services involved with the child are:

Service	Details (e.g. name, address)	Telephone
<input type="checkbox"/> GP		
<input type="checkbox"/> Early years		
<input type="checkbox"/> School		
<input type="checkbox"/> Other (specify)		
<input type="checkbox"/> Other (specify)		



<input type="checkbox"/> Other (specify)		
<input type="checkbox"/> Other (specify)		

6. Details of parents/guardians

▪ **Parent/guardian 1**

Name:		D.O.B.	
Relationship to child concerned:		Do they have parental responsibility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Address:			
Postcode		Telephone:	

▪ **Parent/guardian 2**

Name:		D.O.B.	
Relationship to child concerned:		Do they have parental responsibility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Address:			
Postcode		Telephone:	

Do you have consent to make the referral from parents/carers.

Yes No

If no consent has been sought, explain the reason why

If the referral does not meet the thresholds for social care intervention, are parents/carers happy for the information to be passed to early help for support and for the information to be shared with relevant agencies.

Yes No



Section two: Assessment and actions *SAFER*

What are you worried about? Outline your concerns. (What have you seen, heard or been told and when did you last see the child and parents)

What are the strengths and protective factors in the family?

What action have you taken to address any concerns?



Section three: Family factors SAFER

What are the **specific factors** making this child at risk of significant harm? *(Please include any information with regard to the incidence of substance misuse, domestic abuse, parental mental health, learning difficulties or any other factors and how they impact on parenting)*

There might be risks to staff visiting the child's family, they are:



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Section four: Expected response	SAFER
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What services will **you or your agency** continue to provide for the child / family (if appropriate)?

When did you last see the child and what are his / her views, if known? How have you tried to obtain their views?

If you have made a telephone call in relation to this referral, please record the outcome of the call and any agreed actions.



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Section five: Referral and recording **SAFER**

All referrals to Children’s Services must be followed up in writing using the Safer Referral template. Urgent child protection referrals must be made via a telephone call and followed up in writing within 24 hours. For less urgent situations it will be expected that the information is recorded in writing prior to any contact with Children’s Services. At any stage, however, Children’s Services can be contacted for advice and guidance with regard to how to progress referral.

Once a referral is accepted by Children’s Services the person making the referral will receive a feedback letter detailing the action taken.

Children’s Services	Office hour	Out of hours	Fax	Email
Hartlepool	01429284284	08702402994	N/A	childrenshub@hartlepool.gcsx.gov.uk
Middlesbrough	01642726004	08702402994	N/A	firstcontact@middlesbrough.GCSX.gov.uk
Redcar & Cleveland	01642771500	08702402994	01642771535	firstcontact@redcar-cleveland.gcsx.gov.uk
Stockton-on-Tees	01429284284	08702402994	01642527756	childrenshub@hartlepool.gcsx.gov.uk
North Yorkshire	08450349417	08450349410	01609536993	social.care@northyorks.gcsx.gov.uk
Durham	03000267979	03000267979	01913835752	First.contact@durham.gcsx.gov.uk
Darlington	01325406222	08702402994		childrensaccesspoint@darlington.gcsx.gov.uk

Please sign and date this form

Signature _____

Print Name _____

Date Signed _____

Please list everyone you have shared / discussed this referral with and when.

Name	Title	Agency	Date / Time

Confidentiality Notice –
This information is shared in accordance with Tees LSCB’s Information Sharing Protocol, if received in error please contact the referring organisation.



Appendix 1 : Ethnicity SAFER

<p>White</p> <p><input type="checkbox"/> White British</p> <p><input type="checkbox"/> White Irish</p> <p><input type="checkbox"/> Gypsy/Roma</p> <p><input type="checkbox"/> Traveller of Irish heritage</p> <p><input type="checkbox"/> Any other White background</p>	<p>Black or Black British</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> Any other Black background</p> <p>Please state: Click here to enter text.</p>	<p>Asian or Asian British</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Any other Asian background</p> <p>Please state: Click here to enter text.</p>
<p>Mixed/dual background</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> Any other mixed background</p> <p>Please state: Click here to enter text.</p>	<p>Chinese and other</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other ethnic group</p> <p>Please state: Click here to enter text.</p> <p><input type="checkbox"/> Not given</p>	<p>Religion</p> <p>Click here to enter text.</p> <p>First Language</p> <p>Click here to enter text.</p>



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Lead Officer: Martin Kitchen	
Members of the assessment team: Full Governing Body	
Others involved in the assessment: None	
What are the aims of the policy or project? To agree Duties, Procedures and Practice related to Safeguarding Children	
Who are the beneficiaries of this policy or project? All children in school and other stakeholders.	
What are the desirable outcomes from this policy or project? All children to be protected from harm.	
List any other key policies, procedures, projects or strategies that this policy or project has implications on: Health and Safety Policy, Premises Policy, Confidentiality Policy, Safe Recruitment Policy, Whistle Blowing Policy, Site Security Policy	
What are the racial, disability and gender equality implications of the policy or project? None Identified	
Does the policy or project have any significant positive impact for: Different racial groups Disabled persons Men and women Boys and girls	Outlines how all children will be protected from harm.



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<p>Does the policy or project have any significant adverse impact for:</p> <p>Different racial groups Disabled persons Men and women Boys and girls</p>	<p>None identified</p>	
<p>Do you have any evidence?</p>	<p>NA</p>	
<p>Is there any way that you could reduce or eliminate the adverse impact or increase positive impact?</p>	<p>None identified.</p>	
<p>Action to take: Review at next policy review.</p>		
<p>If you have indicated there is a negative impact, can it be justified?</p> <p>Yes / No (Not applicable)</p>		
<p>If you have indicated there is a negative impact and it cannot be justified, is it discrimination?</p> <p>Yes/No (Not applicable)</p>		
<p>If you have answered YES, please list all the changes that you have made to eliminate this discrimination:</p> <p>(Not applicable)</p>		
<p>How will the policy or project be monitored?</p> <p>As per policy review timetable.</p>		
<p>Signed :</p>  <p>(On behalf of the Full Governing Body)</p>	<p>Date: 11th October 2017</p>	